



Coverage for Pregnant Women Under Health Care Reform: Big Victories, Big Challenges

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Los Angeles

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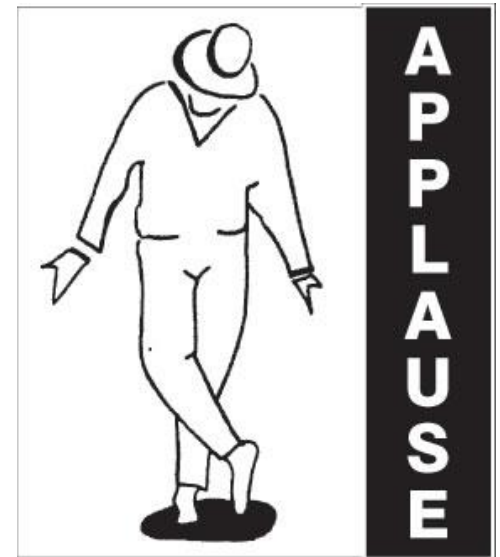
APPLAUSE



1) Full-Scope to 138%!

- Up to 138% of poverty, like all other adults
- Full-Scope benefits, like all other adults
- Citizens and lawfully present immigrant women only
 - No change for undocumented women: still eligible for Pregnancy-Related Medi-Cal 0% to 213%

138% expansion in effect now!



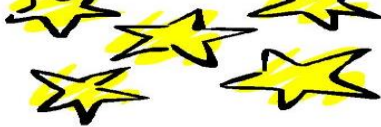
- Effective August 1, 2015
 - Including for Retroactive Eligibility to August 1 – so someone applying in Sept, Oct, Nov with full-scope coverage issues in prior months
 - Former full-scope limits apply for Retros in June and July
 - Up to 60% of poverty in first and second trimesters
 - Up to 109% (old 100%) of poverty in third trimester
- All County Letter being drafted by State DHCS

Getting the word out

- 138% expansion for pregnant applicants already implemented at:
 - Covered CA
 - The County
- Other screening or on-line application programs?
 - e.g., Health-e-App?
 - Your Benefits Now?
- Training for CAAs and brokers? Providers? Billers?



Service Delivery for Women already in Pregnancy-Related Medi-Cal as of 8/1/15 with income to 138%

- No change, unless  opt to switch to Full-Scope
- If switch, leave fee-for-service, and will get a Managed Care enrollment packet
 - MER for “Continuity of Care”
 - Disenrollment request if network not adequate
- If stay in Pregnancy-Related Medi-Cal, entitled to all medically necessary services (see next)
- Notice (not available yet)

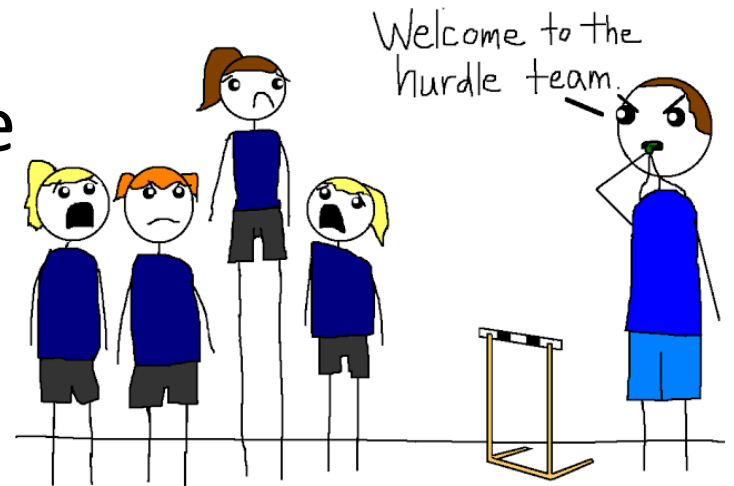
Service Delivery for New Pregnant Applicants under the Full-Scope Expansion to 138%

- New applicants go into Medi-Cal Managed Care plans
 - Like all others eligible for Full-Scope Medi-Cal
 - Same Health Care Options plan selection process and timelines

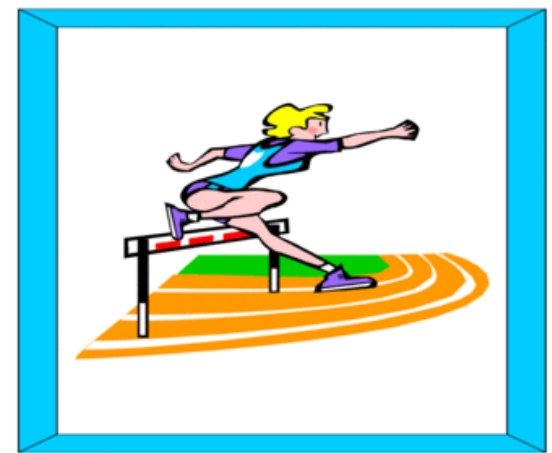


Service Delivery-- Cont'd.

- Medical Exemption Request (MER) for continuity of care for applicants after 8/1/15:
 - to keep current provider when care already started under, e.g., Presumptive Eligibility or and provider doesn't accept plans, only
- Disenrollment request when network inadequate
- Having trouble? Contact **MCHA (213) 749-4261**



2) Pregnancy-Related Medi-Cal as of 8/1/15



- Income eligibility
 - Undocumented women: 0% to 213%. No change.
 - **Others: Over 138% up to 213% as of 8/1/2015**
 - Reminder: Full-Scope expansion if at or below 138%
- New income eligibility limits already programmed into CalHEERS
 - For applications through Covered CA & the County
 - Other on-line screening or application programs?

Pregnancy-Related Medi-Cal

- MEC-- “Minimum Essential Coverage”, but no final federal decision yet. Expected to be retro to August 1.
- Two major sets of policy impacts from MEC:
 - 1 - New pregnant Applicants with income over 138% up to 213% no longer eligible for Covered CA subsidies



- **This change not yet programmed into CalHEERS**
- **October 12, 2015 or later**
- **Dual enrollments continuing til then**

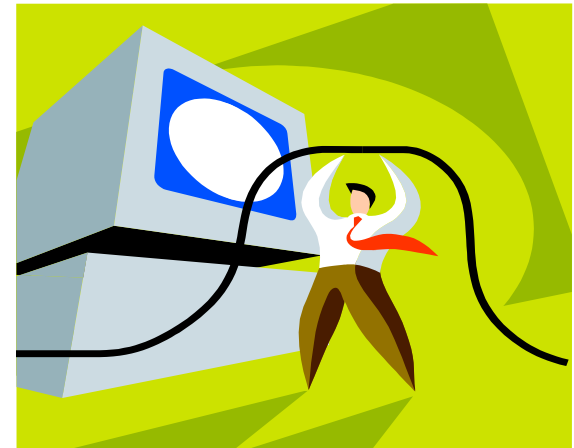
2 - Pregnancy-Related Medi-Cal must provide all medically necessary care (see next)

- Including for undocumented women

MEC Impacts: New Applicants

- Applicants no longer eligible for Covered CA subsidies once CMS issues formal decision (on paper) recognizing Pregnancy-Related Medi-Cal as MEC
 - New pregnant Applicants with income over 138% up to 213% qualify only for Pregnancy-Related Medi-Cal
 - No more dual eligibility for Covered CA with subsidy

Computers will still continue to dually enroll New Applicants until at least October 12



Dually enrolled before 8/1/2015: “Grandmothered” in as Pre-MEC



- Before 8/1/15, if eligible for Pregnancy-Related Medi-Cal, also enrolled in Covered CA
- “Grandmothered” in with Covered CA subsidies
- To keep dual enrollment:
 - Pay Covered CA premiums
 - If networks don’t overlap, hospital labor and delivery copays/deductibles and no CPSP
- Can opt out from either coverage
- Do not have to opt out
- **Reminder: These “old” rules will continue to apply to New Applicants until October 12 or later.**

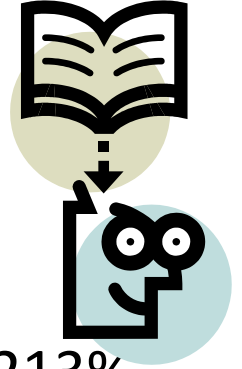
Post-MEC ruling: Women who become pregnant after enrolling in Covered CA

- Have the option to switch to Medi-Cal. Full-Scope up to 138%, Pregnancy-Related if over 138% up to 213%.
- If switch:
 - No premiums or hospital labor/delivery copays
 - Comprehensive Perinatal Services Program benefits
 - But can keep Covered CA provider(s) only if provider also accepts her as a Medi-Cal patient
- Do not have to switch
 - Can stay in Covered CA with APTC and CSR subsidies
 - Continuity of care
- **Reminder: computers won't be updated until October 12 or later**



Re-Cap:

Impact of MEC on Eligibility



- New Pregnant Applicants with income over 138% up to 213% must be enrolled in Pregnancy-Related Medi-Cal
 - **Legally, no more dual eligibility, but the computers won't be updated to stop dual enrollment until October 12 or later**
- Dual enrollees as of 8/1/15 grandmothered in
 - As well as those dually enrolled before October 12 or whenever CMS decision is issued AND the MEC Table is updated
- Women who become pregnant after enrolling in Covered CA on or after 8/1/15 and with income over 138% up to 213%:
 - Will not lose Covered CA subsidies;
 - But can opt to switch to Medi-Cal during pregnancy;
 - **Legally, no more dual eligibility, but the computers won't be updated to stop dual enrollment until October 12 or later.**



**WORK HARD
HAVE FUN
AND
NO DRAMA
PLEASE**

3) Medically Necessary Services Under Pregnancy-Related Medi-Cal

Under the federal rules, CA must provide:

- Full-Scope services; or

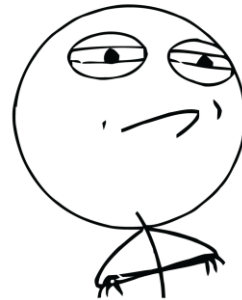


- Services “**equivalent to** the full [Medi-Cal] benefits provided to other categorically needy pregnant beneficiaries.” CMS, Dear State Health Official/Dear State Medicaid Director Letter, SHO#14-002, p. 4 (Nov. 7, 2014).

Medically Necessary Services-- Cont'd.

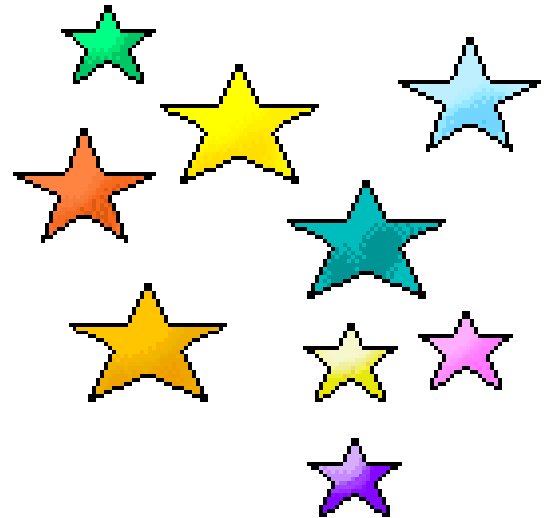
- State DHCS verbally says “no Medi-Cal benefits are excluded” for pregnant women.
 - On that basis, CMS certified Pregnancy-Related Medi-Cal as MEC
- But nothing in writing yet from state or feds
- Stakeholders still engaged with state and CMS

CHALLENGE ACCEPTED

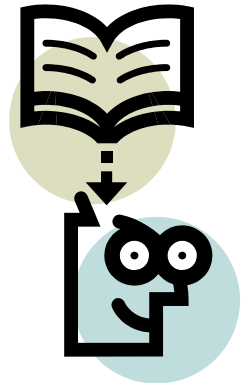


Medically Necessary Services-- Cont'd.

- Policy and procedure should be to list ICD-9 Pregnancy Diagnosis on claims form to get reimbursed for services other than “routine maternity care”.
- Examples
 - Cardiology for heart disease
 - Neurology for brain tumor
 - Oncology for lymphoma
 - Treatment for broken bones
 - All pharmacy benefits



Re-Cap: Services under **Pregnancy-Related Medi-Cal**



- Should be all medically necessary services covered by Medi-Cal
- State DHCS says this is its policy, no benefits excluded-- but nothing in writing yet
- Stakeholders pressing for written confirmation and notices to consumers and providers
- Problems getting medically necessary care for a woman in Pregnancy-Related Medi-Cal?

Contact MCHA at (213) 749-4261

work hard.

↳ **have fun.**

↓
make a difference.

4) Postpartum Medi-Cal



- Per the state, CMS says fewer Medi-Cal benefits postpartum, so not MEC.
- Advocates point out **fed rules require pregnancy scope of benefits to continue postpartum.**
- **State recently said it will update its postpartum policy.** Will CMS then decide that postpartum is MEC?

Postpartum– Cont'd.

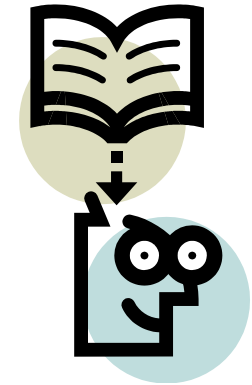


If postpartum Medi-Cal is not MEC:

- No tax penalty
- But women underinsured if stay in Medi-Cal alone
- Could enroll in Covered CA, but:
 - Gaps before effective date of coverage in Covered CA
 - A woman loses continuity of care if her Medi-Cal provider not in her Covered CA network
 - No CPSP if her Medi-Cal provider not in her Covered CA network
 - Has to pay Covered CA premiums
 - Co-pays/deductibles for non-preventive care not covered by Medi-Cal if her Covered CA provider won't accept her also as Medi-Cal
- Will women delay enrolling their newborns in Medi-Cal to avoid such problems?

Re-Cap:

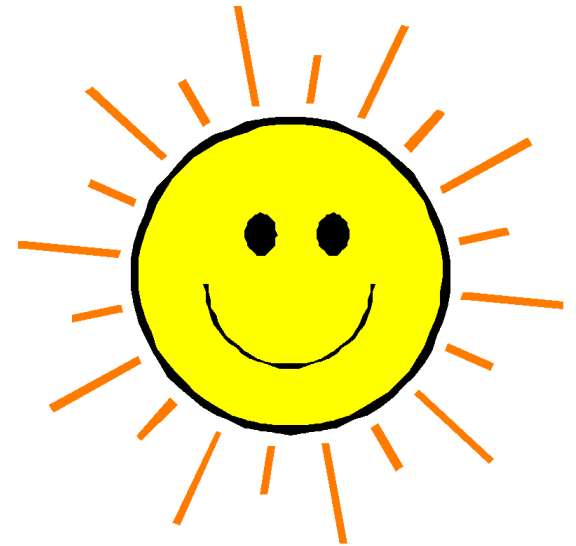
Postpartum Coverage



- MEC or not? Stay tuned
- Should be all medically necessary Medi-Cal services
- Stakeholders pressing
- If problems:
 - getting medically necessary care for a postpartum client?
 - helping client keep access to CPSP?
 - getting Medi-Cal to pay co-pays/deductibles for dually enrolled postpartum women?

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5) AIM/MCAP



- Access for Infants and Mothers is now called MCAP-- the Medi-Cal Access Program
- **Just a name change:**
 - MCAP does not provide access to Medi-Cal.
 - Women are still enrolled in AIM/MCAP health plans for comprehensive insurance.
- Income eligibility is still over 213% up to 322%



AIM/MCAP cont'd.

- Still no immigration status requirement
- Women still pay only 1.5% of annual income, in 12 monthly installments. \$50 discount off total if pay lump sum up front.
- No co-pays or deductibles for hospital labor and delivery or any other service, regardless of whether preventive care
- Federally funded by the Children's Health Insurance Program (CHIP)



AIM/MCAP finally to be added to CalHEERS **October 12!!**

- The State illegally left out AIM/MCAP from CalHEERS when Covered CA opened in 2013
- Women can **apply directly** to AIM/MCAP.
 - Call 1-800-433-2611
 - Or get a paper application:
 - <http://mcap.dhcs.ca.gov/Downloads/Applications.aspx>
- If a woman applies through Covered CA, a manual workaround is supposed to get her to AIM/MCAP.
 - Not working well. Women end up in Covered CA at much higher cost.

MEC with option



- AIM/MCAP is MEC.
- But can choose to enroll in Covered CA instead with subsidies
 - No dual enrollment: must choose one or the other.
- Reminder: This is different from Medi-Cal. Pregnant Applicants eligible for Medi-Cal can only enroll in Medi-Cal as of 8/1/15– legally, they don't have a choice to enroll in Covered CA.
 - **Reminder: computers won't be updated to stop dual enrollments in Medi-Cal & Covered CA for pregnant women until October 12 or later.**

Other big, recent changes



- If income drops, AIM/MCAP monthly payments will be **lowered**, based on 1.5% of new annual income.
- If income drops to Medi-Cal level, women will be allowed to disenroll from AIM/MCAP and no longer be required to complete full 12 months of AIM/MCAP payments
- No more retroactive disenrollments for “failure” to report the end of pregnancy
- Nothing in writing yet

Counties to administer MCAP?



- AIM/MCAP is administered by the state
 - Is State DHCS now, through a private company, Maximus
 - Used to be MRMIB, with Maximus
- Will State DHCS have the counties take over AIM administration?
 - Maybe. But not until February 2016 at earliest.

6) SEP for Covered CA

- Pregnancy does not count as a “qualifying life event” for a “special enrollment period” (SEP) when Covered CA is otherwise generally closed to new applicants.



SEP cont'd.

- Birth of baby or other increase in household size does count
- So does end of Medi-Cal or AIM/MCAP eligibility
- Other qualifying life events for Covered CA SPE:
http://hbex.coveredca.com/toolkit/PDFs/SEP_FactsheetCounselor_PDFedit_MECH_062614.pdf
- **Reminder:** Medi-Cal and AIM/MCAP always open





THANK YOU!



 *Multiforum Advocacy Solutions*

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